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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 06/01/2005 0 6 2005 BELL BOYD & LLOYD LLC

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Heather Foster	(Depositor's name)
y will you	(Signature)
September 1 2005	(Date)

e APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/087,563	02/28/2002	Alberto Siccardi	113957-260	5126	

TITLE OF INVENTION: SYSTEM TO FORM, FILL AND SEAL FLEXIBLE BAGS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	09/01/2005	
EXAMINER ART		ART UNI	T	CLASS-SUBCLASS	•		
HARMON, CHRISTOPHER R 372				053-425000	,		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 3. Bell, Boyd & Lloyd and the names of up to 2 registered patent attorneys or agents. If no name is 2 loseph P. Reagen 3 losely and the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 3 loseph P. Reagen 3 loseph P. Reagen 4 loseph P. Reagen							
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XXAdvance Order - # of Copies 3 XXI The Director is hereby authorized by charge the required fee(s), or credit any overposit Account Number 02-1818 (enclose an extra copy of this form).						r credit any overpayment, to copy of this form).	
5. Change in Entity Status	(from status indicated above	:)					
a. Applicant claims S	MALL ENTITY status. See :	37 CFR 1.27.	🗖 b. Applic	ant is no longer claiming SMAI	LL ENTITY status. See 37	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	ne Fee and Publicativill not be accepted ent and Trademark (on Fee (if ar from anyone Office.	ny) or to re-apply any previously e other than the applicant; a regi	y paid issue fee to the appli stered attorney or agent; or	cation identified above. the assignee or other party in	
Authorized Signature				Date	September 1, 2	2005	
Typed or printed name Robert M. Barrett			Registration No. 30,142				
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (LAPREEntity)					Doc	Docket No.		
(37 C.F.R. 1.311)					Eg.	BF	E-5356	
Applicant(s): Alberto Siccardi SEP 0 6 2005 Application No. Filing Date Examiner Customer No. Group Art Unit Confirmation No.								
Application No. Filing Date Examin		Examin	er		Customer No.	Group Art Unit	Confirmation No.	
	10/087,563	February 28, 2002	C. Harm	on		29200	3721	5126
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			Mail Sto COMMISSIONE <u>P.O. B</u> <u>Alexandria, \</u>	R FOR lox 1450	PATI 0			
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